

State of Hawaii
Department of Public Safety
Health Care Division

Request for Proposals

RFP No. : PSD 16-HCD-29

**IN FACILITY HEMO-DIALYSIS
SERVICES FOR HALAWA
CORRECTIONAL FACILITY**

April 22, 2016

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

April 22, 2016

REQUEST FOR PROPOSALS
RFP No. PSD 16-HCD-29

In Facility Hemo-Dialysis Services for Halawa Correctional Facility

The Department of Public Safety (PSD), Health Care Division (HCD), is requesting information from qualified applicants to provide in Facility Hemo-Dialysis Services primarily for the patients of the Halawa Correctional Facility (HCF) and possibly for the patients of other Oahu facilities (these patients will be transported to the HCF for services).

The Department patients requiring dialysis services will be brought to the treatment area located in the HCF Special Needs Facility (HSNF). Dialysis treatment orders will be provided and may be discussed with the treating physician/community specialist.

The initial contract term will be for the twenty-four month period from July 1, 2016, or the Notice to Proceed date, through June 30, 2018 with the option to extend for two additional twelve month period or portions thereof, subject to the availability of funds, satisfactory performance of the provider and prior written mutual consent.

A single award contract will be awarded under this request for proposals with approximately \$600,000 to \$920,000 for the twenty-four month contract period (or \$300,000 to \$460,000 for FY 2016, and \$300,000 to \$460,000 for FY 2017), subject to availability of funds.

Proposals shall be mailed, postmarked by the United States Postal Service on or before May 23, 2016, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on May 23, 2016, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

PSD's Health Care Division will conduct a non-mandatory Orientation Meeting on April 28, 2016 at 919 Ala Moana Blvd. Room 413, from 10:00 a.m. HST to 11:00 a.m. HST, or its adjournment. A telephone call-in is also available at 1 (712) 432-1212, enter meeting ID 271 724 223# when prompted.

The deadline for submission of written questions is 4:30 p.m., HST, May 3, 2016. All written questions will receive a written response from the State on or about May 5, 2016.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One (1) Original + Three (3) Copies
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ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN May 23, 2016 and received by the state purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins

Department of Public Safety
Administrative Services Office-
Procurement & Contracts
919 Ala Moana Boulevard
Room 413
Honolulu, Hawaii 96814

RFP COORDINATOR

Marc S. Yamamoto, PSS IV
Telephone: (808) 587-1215
Facsimile: (808) 587-1244
Email: marc.s.yamamoto@hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST)**, May 23, 2016. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., May 23, 2016.

Drop-off Sites

Department of Public Safety
Administrative Services Office-
Procurement & Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

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Section 1

Administrative Overview

Section 1 Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	April 22, 2016
Distribution of RFP	April 22, 2016
RFP orientation session	April 28, 2016
Closing date for submission of written questions for written responses	May 3, 2016
State purchasing agency's response to applicants' written questions	May 5, 2016
Discussions with applicant prior to proposal submittal deadline (optional)	Not Applicable
Proposal submittal deadline	May 23, 2016
Discussions with applicant after proposal submittal deadline (optional)	n/a
Final revised proposals (optional)	n/a
Proposal evaluation period	May 24 to June 6, 2016
Provider selection	June 9, 2016
Notice of statement of findings and decision	June 10, 2016
Contract start date	July 1, 2016 or Notice to Proceed Date

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the "References" tab.
4 General Conditions, AG-103F13	http://spo.hawaii.gov/wp-content/uploads/2013/12/103F13.pdf
5 Forms	http://spo.hawaii.gov Click on the "Forms" tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords "Cost Principles"
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click "Business Registration"
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed

proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Public Safety
Health Care Division
919 Ala Moana Boulevard, Room 407
Honolulu, Hawaii 96814

Mr. Wesley Mun, or his designee
Telephone: (808)587-1250
Facsimile: (808) 587-3378

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Department of Public Safety
Administrative Services Office – Procurement and Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

Marc Yamamoto
e-mail address: marc.s.yamamoto@hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: April 28, 2016 **Time:** 10:00 a.m., H.S.T.
Location: 919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96813

For prospective applicants not able to attend the orientation meeting in Honolulu a call-in number is available:

Call-in: 1 (712) 432-1212
 Meeting ID: 271-724-223#

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

Examination of Service Areas

Prior to offer submittal, offerors may inspect the service area to thoroughly familiarize themselves with existing conditions, rules and regulations, and the extent and nature of work to be performed. No additional compensation, subsequent to bid opening will be allowed by reason of any misunderstanding or error regarding site conditions or work to be performed.

Offeror inspection is not mandatory; however, submission of an offer shall be evidence that offeror understands the scope of the project and will comply with specifications herein if awarded the contract. Offeror must contact the Contract Administrator identified on page 1-3 to arrange for an inspection tour.

No claim for any extra will be allowed because of alleged impossibilities in the production of the results specified or because of inadequate or improper Specifications. Whenever a result is required, the successful offeror shall furnish any and all extras and make any change needed to produce to the satisfaction of the State, the required result.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: May 3, 2016 **Time:** 4:30 p.m., HST

State agency responses to applicant written questions will be provided by:

Date: May 5, 2016

1.9 Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200).** Provides applicant proposal identification.
 2. **Proposal Application Checklist.** The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.
 3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.

- **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
 1. Postmarked after the designated date; or

2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Electronically submitted proposals are not acceptable.

1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Nolan Espinda	Name: Teresita V. Fernandez
Title: Director	Title: Business Management Officer
Mailing Address: 919 Ala Moana Boulevard, Room 400	Mailing Address: 919 Ala Moana Boulevard, Room 413 Honolulu, Hawaii 96814
Business Address: Same as above.	Business Address: Same as above.

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

A. Overview, purpose or need

The Department of Public Safety (PSD), Health Care Division (HCD) is responsible for the provision of health care to the individuals who are incarcerated throughout the State of Hawaii. This includes medical, dental and mental health services.

B. Planning activities conducted in preparation for this RFP

Pursuant to Hawaii Administrative Rules (HAR), Chapter 3-142-202(e), compliance with the issuance of a request for information, RFI PSD 16-HCD-29 was issued on February 25, 2016, with responses due on March 24, 2016. On March 11, 2016, the Department of Public Safety held an orientation / site visitation at which time the attending vendor discussed the physical requirements needed in the area proposed by the Department for the location of the units, specifically plumbing, and electrical needs that will be performed by the State prior to the start of the contract.

C. Description of the service goals

The service provider shall provide onsite Hemo-dialysis services at the Halawa Correctional Facility (HCF)

The HCF Health Care Division (HCD) will provide the treatment space, the water and electrical connections and other improvements to the space that are necessary for the safe and efficient operation of the hemo-dialysis treatment machines.

D. Description of the target population to be served

The Department of Public Safety, Health Care Division, seeks to provide in facility Hemo-Dialysis Services primarily for the patients of the Halawa Correctional Facility (HCF) and possibly for the patients of other Oahu facilities (these patients will be transported to the HCF for services). There are presently six (6) HCF patients requiring these services.

E. Geographic coverage of service

The required services shall be provided at the following correctional facility on the island of Oahu, Hawaii:

Halawa Correctional Facility
99-902 Moanalua Road
Aiea, Hawaii 96701

F. Probable funding amounts, source, and period of availability

The funding available for services under this request is estimated at a range of approximately \$600,000 to \$920,000 for the twenty-four month contract period (or \$300,000 to \$460,000 for FY 2016, and \$300,000 to \$460,000 for FY 2017), subject to availability of funds, commencing on July 1, 2016, or the start date indicated on the Notice to Proceed, which will be issued upon the completion of the necessary facility plumbing and electrical modifications. Additional funding may be provided if approved by the legislature.

This contract may be extended for not more than two (2) additional twelve-month periods or fraction thereof, subject to the satisfactory performance of the Provider, availability of funds and upon mutual agreement in writing.

2.2 Contract Monitoring and Evaluation

The performance of the contract will be monitored and evaluated for:

- (1) Performance Measures
- (2) Output Measures
- (3) Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

- 1. Service Provider shall:
 - a. Meet and comply with all State and National regulations relating to providing Dialysis services.
 - b. Current staffing State certifications;
 - c. Practice experience in an institutional setting, preferred but not required;
 - d. National Accreditation preferred but not required;

- e. Experience in correctional facility, preferred but not required; and
 - f. A minimum of two recent references.
 - g. A minimum of five (5) experience providing dialysis services.
2. Service provider shall be responsible for providing all dialysis specific equipment and supplies necessary for the provision of services. Items that are normally used in a general clinical operation will be provided by the Department.
 3. The service provider shall provide a tentative staffing plan for the anticipated service delivery days. The service provider will also demonstrate proof of an adequate number of available Hawaii certified and licensed staff members to meet the contractual service requirements.
 4. Service provider shall not be an employee of the State of Hawaii, Department of Public Safety.
 5. Service provider shall provide ongoing credentialing of all dialysis staff providing service under this contract assuring at a minimum current dialysis certification, other appropriate licensures applicable to their positions, and current CPR certification.
 6. Service Provider shall maintain and show proof of a liability insurance policy of at least two million dollars. Each insurance policy required by this contract shall contain the following clauses:
 1. "The State of Hawaii, Department of Public Safety, is added as an additional insured as respects to operations performed for the State of Hawaii."
 2. "It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

B. Secondary purchaser participation
(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: none.

C. **Multiple or alternate proposals**
(Refer to HAR §3-143-605)

☐ Allowed ☒ Unallowed

D. **Single or multiple contracts to be awarded**
(Refer to HAR §3-143-206)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards:

E. **Single or multi-term contracts to be awarded**
(Refer to HAR §3-149-302)

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms:

Initial Contract Term:

Commencement date stated on the Notice to Proceed for a twenty-four month period.

Length of each extension:

Twelve months

Number of possible extensions:

Two

Maximum length of contract:

Forty-eight months

Conditions for extension:

The contract may be extended for up to two (2) additional twelve month periods or portions thereof, subject to the satisfactory performance of the Provider; the availability of funds; and upon mutual agreement in writing.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. General Information

- a. The Service Provider shall provide dialysis services to inmates on routinely scheduled weekdays that will accommodate all patients' service needs. The schedule will be developed in conjunction with the HCF Clinical

Services Administrator (CSA) and the HCF Security Staff. The hours will be flexible as to accommodate all patients' service needs.

2. Service provider shall:

- a. Provide general dialysis service in accordance with all State and Federal regulations and guidelines.
- b. Provide in-service training to the Department's patient care staff with regards to nursing care of the vascular access sites and central venous catheters and fluid restrictions, as well as the social service and dietary needs of patients with End Stage Renal Disease
- c. Provide all dialysis specific equipment and supplies, not limited to and including the following:
 1. All dialysis machines and related accessories.
 2. All portable reverse osmosis machines.
 3. Dialyzers.
 4. Arterial and venous blood lines.
 5. Transducers.
 6. Dialysate solution.
 7. Fistula needles.
 8. Appropriate forms and flowsheets.
 9. Emergency response equipment including AED.
 10. IV infusion pumps.
 11. Antibiotic locks for dialysis catheters.
 12. Patient reclining treatment furniture.
- d. Document and maintain records of all care and treatment rendered according to the Department format. Provide this documentation such that it would be appropriately available in

each patients' electronic medical records. This documentation process will be developed with and approved by the Department.

- e. Develop and implement infection control practices in compliance with OSHA and HIOSH guidelines including *the Department of Public Safety, Health Care Division, Policy and Procedures for Infection Control Program*.
 - f. Conduct regular sharps counts and monthly tool inventory counts per *the Department of Public Safety, Administration, Policy and Procedures for Tool/Equipment Control* attached hereto. Provide documentation of above counts to the HCF CSA.
 - g. Sign in and out on the facility log sheet.
 - h. Conduct monthly inventory audits to assure adequacy of available supplies and timely removal of expiring supplies. No expired supplies shall be used on PSD patients. Orders for supplies that are provided by the Department shall be conveyed to the HCF CSA on a timely basis to ensure that the items are available during treatment.
 - i. Provide the necessary personal information relating to staff entry into the HCF.
 - j. Maintain and calibrate dialysis equipment.
 - k. Develop and implement Policy and Procedures for routine dialysis practices.
 - l. Develop and implement Policy and Procedures for emergency interventions.
 - m. Develop and implement Policy and Procedures for blood transfusions and transfer reactions.
3. Additional Hours. Service provider's staff shall work only the agreed upon hours necessary to provide services for all patients and to set up and clean the equipment and room.
 4. The service provider shall receive general supervision from the Department's Correctional Health Care Administrator.
 5. The service provider will assist the Department in finding a source for blood whenever a transfusion become necessary. The service provider will also assist in the storage of the blood.

6. The Department shall:

- a. Provide all ancillary supplies that may be necessary for the provision of dialysis treatment, tape, 4 X 4 and 2 X 2 gauze pads, Chux pads, syringes, hypodermic needles, vinyl and latex gloves, band aids. Dressing supplies, surgical masks, blood administration sets and blood filters, pressure wrap bandages, bed pans and urinals, bleach, personal protective equipment, gloves, gowns, administration sets and tubing.
- b. Provide ancillary equipment that may be necessary for the provision of dialysis treatment such as EKG monitoring equipment, blood pressure monitoring equipment.
- c. Provide all drugs and pharmaceutical items that may be necessary for the provision of dialysis treatment such as albumin, erythropoietic stimulating agents, antibiotics, Zemplar, intravenous iron supplements, thrombolytic agents and saline.

B. Management Requirements

(Minimum and/or mandatory requirements)

Personnel

1. Service Provider shall have:

- a. Service staff who are dialysis certified and have the appropriate licenses for their position.
- b. Documentation that the service provider has a National Accreditation designation.
- c. Experience in providing services in an institutional setting, preferred but not required;
- d. Experience in providing services in a correctional environment, is preferred but not required; and
- e. A minimum of two recent references.
- f. Staff shall have a minimum of:

1. Dialysis Technician shall possess:

- a. Current CPR certification.
- b. Two (2) consecutive years recent (within the last 3 years) hemo-dialysis experience.
- c. Evidence of successful completion of dialysis education/training program.
- d. Current dialysis technician certification as CHT, CCHT, CBNT, or CCNT preferred.

2. Dialysis Nurse shall possess:

- a. Current Hawaii licensure.
- b. Current CPR Certification.
- c. Evidence of successful completion of hemo-dialysis education/training program.
- d. Current CD-LPN, CDN, or CNN preferred.

- 2. Service provider shall be responsible for providing all necessary equipment and dialysis specific supplies necessary for providing dialysis services to inmates.
- 3. Service provider shall not be an employee of the State of Hawaii, Department of Public Safety.
- 4. The Provider shall notify each of its employees as well as employees of any subcontractors who provide services to any person committed to the custody of the Director of Public Safety for imprisonment pursuant to Chapter 706, Hawaii Revised Statutes (HRS), including a probationer serving a term of imprisonment pursuant to Section 706-624(2)(a), HRS and a misdemeanor or petty misdemeanor sentenced pursuant to Section 706-663, HRS, about the Hawaii Revised Statutes Section 707-731 relating to sexual assault in the second degree and Section 707-732, relating to sexual assault in the third degree. In addition, the Provider and any subcontractor shall maintain in each of the aforementioned employees and employees of any subcontractors' file, written documentation that the employee has received notice of the statutes.
- 5. The Provider shall employ staff that is suitable to deal with these offenders. The Provider shall not use persons currently serving a

criminal sentence, including any on furlough from a correctional facility, on probation, on parole, or under the terms of a DAG/DANC plea. Any employee with a criminal history shall be subject to review and approval by the Department. The Department of Public Safety will review and agree to the employment of the service provider's staff and sub-providers, in writing. Upon request, the Provider shall submit any information necessary to determine whether approval will, at the discretion of the Department, be granted. Any changes to staff shall be subject to the prior written approval of the Department.

1. Administrative

Service provider shall operate their program in accordance with the rules, regulations, and policies of the Department of Public Safety.

Service provider shall oversee the clinical performance of dialysis staff at a minimum of annually and provide notification of any unsatisfactory findings.

Service provider is required to meet the qualifying requirements specified in Chapter 103F, Hawaii Revised Statutes.

Service provider shall maintain and show proof of a liability insurance policy of at least two million dollars. The Department of Public Safety shall be named as an additional insured and shall be notified at least thirty (30) days prior to cancellation.

Service provider shall provide upon award and annually thereafter, in February submit to the Corrections Health Care Administrator (CHCA) a copy of the current license as applicable, Dialysis and CPR certification for any staff members servicing the contract. The Service provider will provide these credentials to the CHCA prior to their first assignment for additional staff members that may be added to service this contract and then as

existing licenses and certificates are renewed. The HCD requires that all current credentials be maintained in its files at the HCF.

2. Quality assurance and evaluation specifications

The criteria by which the performance of the contract will be monitored and evaluated are:

Compliance with this criteria will be monitored by the HCF Clinical Section Administrator through monthly observation and report submittals.

3. Output and performance/outcome measurements

This section is not applicable to this RFP.

4. Experience

REFER TO SECTION 2.3.A AND 2.4.B. FOR REQUIREMENTS.

5. Coordination of services

This section is not applicable to this RFP.

6. Reporting requirements for program and fiscal data

- a. Quality Assurance Program results on a monthly basis.
- b. Service provider shall provide to the PSD Administrative Office upon award and prior to expiration proof of all Service Provider's staff current dialysis and CPR certification and any position appropriate licensure on an on-going basis.
- c. Monthly patient treatment logs. This may be submitted with the monthly invoice as payment documentation.
- d. Monthly sharps and tool counts report.
- e. Monthly equipment maintenance and repair logs

C. Facilities

This section is not applicable to this RFP.

2.5 Compensation and Method of Payment

Pricing shall be based on a per treatment basis.

Payments to the service provider will be based on the number treatments provided on a monthly interval.

Service provider shall submit monthly itemized invoices, original and three copies, to

Department of Public Safety
Health Care Division
919 Ala Moana Boulevard, Room 407
Honolulu, Hawaii 96814

which shall detail the following:

Patient name and
Date of the treatment.

The service provider shall not be compensated for any downtime. However, once treatments are scheduled, the nurse supervisor shall make every effort to ensure that the patients on the list are available.

Due to the nature of the services, facility lockdowns will not cancel any scheduled treatments.

Section 3

Proposal Application Instructions

Section 3 Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

3.2 Experience and Capability

A. Necessary Skills

Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall demonstrate the following as described in *Section 2.3.A* and *2.4.B*.

- a. Provide general dialysis service in accordance with all State and Federal regulations and guidelines.
- b. A minimum of five (5) year experience providing dialysis services.
- c. Experience in providing services in an institutional setting, preferred but not required;
- d. Experience in providing services in a correctional environment, is preferred but not required;
- e. A minimum of two recent references;
- f. Appropriate National Accreditation; preferred but not required;
- g. Service provider shall not be an employee of the State of Hawaii, Department of Public Safety; and
- h. Service provider shall provide ongoing credentialing all staff providing service under this contract assuring at a minimum a current license to practice in the State of Hawaii as appropriate, dialysis and current CPR certification.
- i. The applicant shall demonstrate that the staff meet the minimum qualifications.
 1. Dialysis Technician shall possess:
 - a. Current CPR certification.
 - b. Two (2) consecutive years recent (within the last 3 years) hemo-dialysis experience.
 - c. Evidence of successful completion of dialysis education/training program.
 - d. Current dialysis technician certification as CHT, CCHT, CBNT, or CCNT preferred.
 2. Dialysis Nurse shall possess:

- a. Current Hawaii licensure.
- b. Current CPR Certification.
- c. Evidence of successful completion of hemodialysis education/training program.
- d. Current CD-LPN, CDN, or CNN preferred.

C. Quality Assurance and Evaluation

This section is not applicable to this RFP.

D. Coordination of Services

This section is not applicable to this RFP.

E. Facilities

This section is not applicable to this RFP.

3.3 Service Delivery

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities, reporting requirements as discussed in Section 2.4, and timelines/schedules.

The service provider shall provide a tentative staffing plan for the anticipated service delivery days. The service provider will also demonstrate proof of an adequate number of available Hawaii certified and licensed staff members to meet the contractual service requirements.

3.4 Financial

A. Pricing Structure

Pricing shall be based on a per treatment basis.

The State shall at its sole discretion request for best and final offer on the unit treatment cost/patient to maximize the potential number of patients receiving treatment. The request for best and final offer shall be requested via addendum to the vendors scoring at least 85 points.

The following budget form(s) shall be submitted with the Proposal Application:

- SPO-H-205, Budget
- SPO-H-205A, Organization-Wide Budget by Source of Funds
- SPO-H-206A, Budget Justification-Personnel-Salaries & Wages
- SPO-H-206B, Budget Justification-Personnel-Payroll Taxes,
Assessments & Fringe Benefits
- SPO-H-206F, Budget Justification- Contractual Services-Subcontracts

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address).

Payments to the service provider will be based on the number of facility treatments times the per treatment rate determined by this Request for Proposal. Invoices for payment will be submitted on a monthly basis.

3.5 Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.
(Statements regarding litigation will not carry any point value but are required.)

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

100 Points

Experience and Capability	30 points
Service Delivery	30 points
Pricing	40 points

TOTAL POSSIBLE POINTS

100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application checklist

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Background and Summary
- Experience and Capability
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

**B. Phase 2 - Evaluation of Proposal Application
(100 Points)**

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (30 Points)

The State will evaluate Applicant's experience and capability relevant to the proposal contract, which shall include:

- | | |
|--|---------------------|
| A. Necessary Skills | <u>5pts</u> |
| <ul style="list-style-type: none"> • Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. | |
| B. Experience | <u>10pts</u> |
| <ul style="list-style-type: none"> • Practical experience in an institutional setting. (3 pts) • Experience in correctional facilities. (2 pts) • National Accreditation (2) • Minimum to two recent references. (3 pts) | |
| C. Quality Assurance and Evaluation | <u>15pts</u> |
| <ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. | |
| D. Coordination of Services | <u>N/A</u> |
| <ul style="list-style-type: none"> • Demonstrated capability to coordinate services with other agencies and resources in the community. | |
| E. Facilities | <u>N/A</u> |
| <ul style="list-style-type: none"> • Not Applicable. | |

3. Service Delivery (30 Points)

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

4. Pricing (40 Points)

- Competitiveness and reasonableness of unit of service rate, as applicable.
- Service Provider applicant proposal budget is reasonable, given program resources and operational capacity.

B. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Department of Public Safety, Health Care Division, Policy and Procedures for Infection Control Program.
- D. Department of Public Safety, Health Care Division, Policy and Procedures for Medication Services.
- E. Department of Public Safety, Health Care Division, Policy and Procedures for Clinic Space, Equipment, and Supplies.
- F. Department of Public Safety, Health Care Division, Policy and Procedures for Emergency Services.
- G. Department of Public Safety, Health Care Division, Policy and Procedures for Automatic External Defibrillators.
- H. Department of Public Safety, Health Care Division, Policy and Procedures for Tools / Equipment Control.

Proposal Application Checklist

Applicant: _____ RFP No.: PSD 16-HCD-29

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.


Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance (HCE)	Section 1.9, RFP	SPO Website*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Proof of Insurance	Section 2.3.A.6		X	

*Refer to Section 1.2, Website Reference for website address.

SAMPLE Proposal Application

Table of Contents

1.0	Program Overview	1
2.0	Experience and Capability.....	1
	A. Necessary Skills	2
	B. Experience	4
	C. Quality Assurance and Evaluation	5
	D. Coordination of Services.....	6
	E. Facilities	6
3.0	Project Organization and Staffing.....	7
	A. Staffing	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization.....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
4.0	Service Delivery	12
5.0	Financial	20
	See Attachments for Cost Proposal	
6.0	Litigation.....	20
7.0	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: October 20, 2015	POLICY NO.: COR.10.1B.01
		SUPERSEDES (Policy No. & Date): (COR.10.1B.01 12/29/08)	
	SUBJECT: INFECTION CONTROL PROGRAM		Page 1 of 14

1.0 PURPOSE

The purpose of this policy is to establish guidelines to prevent air and blood borne pathogen exposure to staff and patients, to minimize the incidence of infectious or communicable diseases, and to establish procedures for the treatment and control of skin infestations.

2.0 REFERENCES AND DEFINITIONS

2.1 References

- a. Center for Disease Control (CDC), Guide to Infection Control for Outpatient Settings (2014).
- b. Center for Disease Control (CDC), Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.
- c. Department of Public Safety (PSD), Policy and Procedures (P&P), ADM.04:03, Bloodborne Pathogens Training and Immunization.
- d. Hawaii Administrative Rules (HAR), Dept. of Health, Title II, Chapter 156, Communicable Diseases.
- e. Hawaii Revised Statutes (HRS), Chapter 325, Infectious and Communicable Disease.
- f. HRS Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- g. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014).
- h. PSD, Policy and Procedures Manual (P&P), ADM.04.02, Pulmonary Tuberculosis Clearance and Training.
- i. PSD, P&P, ADM.07.01. Management of Accidental Exposures to Blood or Body Fluids.

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COR P & PM	SUBJECT: INFECTION CONTROL PROGRAM	POLICY NO.: COR.10.1B.01
		EFFECTIVE DATE: October 20, 2015
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.2 Definitions

- a. Ectoparasites: Parasites that live on the skin. They are communicable and may lead to secondary infections such as pediculosis and scabies
- b. Exposure Control Plan: A plan or policy that describes staff actions that will eliminate or minimize exposures to pathogens.
- c. Health Practitioners: Any person working in the provision of health care services such as nurses, physicians, dentists, mid-level practitioners, PMAs.
- d. Injection Safety: Includes practices intended to prevent transmission of infectious disease between one patient to another, or between a patient and a healthcare provider.
- e. Negative Air Pressure: A design that does not allow air, once it has entered a room, to vent back to the area the air came from. A fan that pulls the air out of the room and vents the air to the outside is the usual method used to accomplish this.
- f. Personal Protective Equipment (PPE): refers to wearable equipment that is intended to protect health care providers from exposure to or contact with infectious agents and include gloves, gowns, face masks, goggles and face shields.
- g. Respiratory Hygiene/Cough Etiquette: Terms used to describe infection prevention measures to decrease the transmission of respiratory illness that include covering your mouth and nose when you cough, coughing and sneezing into your upper sleeve rather than into your hands, washing hands after coughing and notifying health care providers of cold or flu symptoms when arriving at a clinic.
- h. Standard Precautions: The basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. The precautions are comprised of hand hygiene, use of personal protective equipment and respiratory hygiene/cough etiquette.

3.0 POLICY

- .1 There shall be an exposure control plan that is reviewed annually, updated if necessary, and approved by the Medical Director.

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COR P & PM	SUBJECT: INFECTION CONTROL PROGRAM	POLICY NO.: COR.10.1B.01
		EFFECTIVE DATE: October 20, 2015
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- .2 The PSD Infection Control Program encompasses the policies and procedures of this policy and those associated with P&P ADM.07, P&P ADM.04.02, and ADM. 04.02.
- .3 All health practitioners shall adhere to the use of standard precautions when interacting with patients.
- .4 Health care personnel shall receive job-specific training on infection prevention policies and procedures upon hire and annually thereafter. Competency and compliance shall be documented through an annual evaluation.
- .5 All health care clinics shall display Respiratory Hygiene/Cough Etiquette educational posters in patient view.
- .6 All health care staff shall be offered influenza vaccine at no cost.
- .7 All facilities shall maintain an adequate supply of personal protective equipment.
- .8 All patients shall be interviewed at intake relative to the presence of any infectious disease symptoms, skin wound or rashes. All such conditions shall be assessed by a registered nurse for determination of any necessary treatment.
- .9 Patients presenting at the clinic with potential communicable conditions shall not be charged a sick call visit copay. Patient's with possible communicable conditions shall be encouraged to visit the clinic for evaluation.
- .10 Treatment and control of the spread of skin infestations (e.g., scabies, lice) at the facilities shall involve a coordinated effort between medical and housing staff.
- .11 All inmates who receive treatment by medical staff for skin infestations shall receive clean clothes and sheets.
- .12 All reportable diseases as specified by the Department of Health (DOH) shall be reported using the DOH Communicable Disease Report. Available online at health.hawaii.gov/docd/files/2013/05/Communicable-Disease-Report-Form-Fillable.pdf.

4.0 PROCEDURES

- .1 Standard Precautions- reduce the risk of disease transmission even when the source of infection is not known. Health practitioners shall always use the following standard precautions to minimize the risk of exposure and spread of communicable disease:

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Proper Hand Hygiene shall be performed:

- a. After contact with blood, bodily fluids or excretions, and wound dressings.
- b. After glove removal.
- c. Before exiting the patient's care area after touching the patient or the patient's immediate environment.
- d. Before touching a patient, even if wearing gloves.
- e. Prior to performing an aseptic task such as wound care.
- f. If hands will be moving from a contaminated body site to a clean body site during patient care.
- g. Use soap and water when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea. Otherwise the preferred method of hand decontamination is with an alcohol based hand rub per the CDC and World Health Organization.

.2 Personal Protective Equipment:

The selection of PPE shall be based on the nature of the patient interaction and potential exposure to blood, body fluids and infectious agents.

- a. Facilities shall assure that sufficient and appropriate PPE is available and readily accessible to health care staff.
- b. Health Care staff shall be educated regarding the proper selection and use of PPE.
- c. PPE shall be removed and discarded before leaving the patient's room or area.
- d. Gloves shall be worn whenever there is a potential for contact with blood, body fluids, mucous membranes, and non-intact skin or contaminated equipment.
 - i. The same pair of gloves shall NOT be used for the care of more than one patient.
 - ii. Gloves shall NOT be washed for reuse.

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<p>COR P & PM</p>	<p>SUBJECT:</p> <p>INFECTION CONTROL PROGRAM</p>	<p>POLICY NO.: COR.10.1B.01</p>
		<p>EFFECTIVE DATE: October 20, 2015</p>
		<p>Page 5 of 14</p>

- iii. Hand hygiene shall immediately be performed after removing gloves.
 - e. Gowns shall be worn to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
 - i. The same gown shall NOT be used for the care of more than one patient.
 - f. Mouth, nose and eye protection shall be worn during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- .3 During preparation and administration of parenteral medications.

In addition to this policy, adherence to P&P ADM. 07.01 or ADM.04.03 Exposure Control Plan which shall increase the protection of the health care providers from blood exposure and sharps injuries the following additional practices.

Safe Injection Practice:

- a. Aseptic techniques shall be used when preparing and administering medications.
- b. The access diaphragm of medication vials shall be cleaned with 70% alcohol prior to inserting a device into the vial.
- c. Medications for single dose or single use vials, ampoules, or bags or bottles of intravenous solution shall never be administered to more than one patient.
- d. Do not reuse a syringe to enter a medication vial or solution.
- e. Safety engineered needles and syringes shall be used by health care staff.
- f. Fluid infusion or administration sets shall not be used for more than one patient.
- g. Multi-dose vials shall be dedicated to a single patient, whenever possible. If multi-dose vials will be used for more than one patient, they shall be restricted to a centralized medication area and shall not enter the immediate patient treatment area.

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- h. Used syringes and needles shall be disposed of at the point of use in a sharps container that is closable, puncture –resistant, and leak proof.
- .4 Environmental Cleaning – facilities shall establish policies and procedures for routine cleaning and disinfections of environmental surfaces and the handling and removal of biohazardous waste as part of the infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, and/or energy based processes such as an ultrasonic cleaner with appropriate chemical agents.

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens including those in close proximity to the patient, such as the bed, hand rails and frequently touched surfaces in the patient care environment.

- a. Use EPA registered disinfectants or detergents/disinfectants with label claims for use in healthcare settings.
- b. Disposable infectious waste (e.g., gloves) shall be contained separately from other non-infectious waste material prior to disposal. Infectious waste containers shall have an attached cover that operates with a foot pedal and shall be labeled, "Biohazardous Material." The container shall be lined with disposable red biohazard plastic bags. Infectious waste containers shall be located in the medical sections and in other locations in the facility as necessary. Full bags shall be bound and securely stored until removed for biohazard waste disposal.
- c. Linen and clothing that are soiled with blood or other bodily secretions shall be placed in a hazard bag at the site of the spill and transported to the laundry. Laundry workers shall avoid direct contact with the areas of the material soiled with blood and body fluids. The items shall be washed in the hot water laundry cycle with bleach to disinfect the material.
- d. Janitorial staff may routinely use a biohazard liner in the receptacle of inmate and staff female restrooms. Sanitary napkins are considered "household" waste by OSHA and CDC and are not addressed in infectious waste management. The biohazard liner in a female restroom is an added protection for the institution. Once the receptacle is full, the biohazard bag may be disposed of with other facility waste, incinerated, or sterilized. Please note that special biohazard disposal is not required.

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- e. Non-medical or institutional sharps or tools (handcuffs, sharp cutting tools, razor blades, etc.) are not covered by OSHA or CDC guidelines. For the added protection of the institution, it is recommended that non-disposable institutional sharps and tools be decontaminated with a germicidal product if the instrument is contaminated by blood or body fluids. Gloves shall be worn during the decontamination process. Razors that are still a part of the handle can be disposed of without caution. Razors that have become separated from the handle should be managed in the same way as a medical sharp and should be placed in a puncture proof container. Any strong metal, plastic or rubberized container, such as a coffee can, will suffice for this purpose so long as it is under the supervision of a correctional employee pending disposal. Once the container is disposed of, no other precautions are necessary.
- f. Blood and body secretion spills shall be promptly cleaned. Gloves shall be worn. A protective gown and goggles shall also be worn if splashing is anticipated. Every facility shall have all in one blood spill kits to clean up blood spills. To avoid special receptacles throughout the facility, a spill kit shall include biohazard bags. Contaminated disposable material and protective clothing shall be bagged at the site of the spill and the bag shall be promptly removed.
- g. To clean a biohazard spill:
 - i. Small spills shall be soaked up with paper towels and the area disinfected with a germicide agent. Hands shall be scrubbed clean after the gloves are removed.
 - ii. Dike large spills with paper towels to contain the fluid if necessary. If dripping is anticipated from paper towels soaked with blood or body fluid, place the biohazard bag on newspapers. Lay the newspapers on the floor up to the outer edge of the dyke. This will avoid contamination of other areas.
 - iii. Visible material shall be removed with paper towels that shall be disposed of immediately in a red biohazard bag. Once all the visible material has been removed, the area shall then be decontaminated with broad spectrum, biodegradable germicide. It is a violation of federal laws to use a product in a manner inconsistent with its labeling. The germicide label shall be referred to in order to ensure the appropriate solution and application. Bleach or germicidal solutions shall not be made up in advance and stored.

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- iv. Discard all newspaper and disposable clothing or gloves in the biohazard bag before leaving the clean up site. A light mist of the germicidal solution may be lightly sprayed over the area. Rinsing is not required and the area should be left to dry naturally.
- .5 Medical Equipment Cleaning- is labeled by the manufacturer to be either reusable or single use. Reusable medical equipment should be accompanied by instructions for cleaning and disinfection or sterilization, as appropriate. All reusable medical equipment shall be cleaned and maintained according to the manufacturer's instruction to prevent patient to patient transmission of infectious agents.
 - a. All reusable medical equipment that has contact with non-intact skin or mucus membranes such a blood glucose meters, nebulizers, infusion pumps etc., shall be cleaned between patient use.
 - b. Copies of the manufacturer's instructions for the cleaning and reprocessing of equipment in use at the facility shall be maintained and followed.
 - c. Periodic observation of procedures shall be performed to evaluate the competencies of health care providers in the proper reprocessing of equipment.
 - d. Health care staff shall wear appropriate PPE when handling and reprocessing contaminated patient equipment.
- .6 Appropriate medical, dental, and laboratory equipment and instruments are decontaminated.
- .7 Respiratory Hygiene/Cough Etiquette – is an element of standard precautions that is targeted primarily at patients with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering the clinic.
 - a. Signs shall be posted at the entrances of the clinic with instructions to patients with respiratory infection to:
 - i. Cover their mouths/noses when coughing or sneezing using the crux of the elbow or upper sleeve.
 - ii. Access to hand hygiene shall be provider for patients.

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- iii. Masks shall be offered to patients entering clinic with respiratory infections and they shall be seated away from other patients.

- .8 Transmission Based Precautions - requires three elements: a source of infectious agents, a susceptible host with a portal of entry receptive to the infectious agent, and a mode of transmission for the agent.

Several classes of pathogens can cause infection, including bacteria, viruses, fungi, parasites, and prions. The modes of transmission vary by type of organism and some infectious agents may be transmitted by more than one route: some are transmitted primarily by direct or indirect contact, (e.g., Herpes simplex or Staphylococcus aureus), others by the droplet, (e.g., influenza virus) or airborne routes (e.g., M. tuberculosis). And other infectious agents are bloodborne viruses (e.g., hepatitis and HIV).

There are three categories of Transmission-Based Precautions: Airborne Precautions, Contact Precautions, and Droplet Precautions. Transmission-Based Precautions shall be used when the route(s) of transmission is (are) not completely covered by using Standard Precautions alone. For diseases having multiple routes of transmission (e.g., measles), more than one Transmission-Based Precautions category shall be used. When used either singly or in combination, they shall always be used in addition to Standard Precautions.

- a. Airborne Precautions- prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.

Use the following airborne precautions in addition to standard precautions to minimize the risk of airborne transmission:

- i. Isolate the patient, or place the patient with others with the same pathogen in a detached room or housing unit (not attached to the facility's central air supply system) with bars, mesh, windows or other material that allows air to flow freely through the unit and that vents to the outside, or place the patient in a negative air pressure room or isolation room, or transport the patient to a community center or hospital that specializes in air borne diseases.
- ii. If a patient must be transported through the facility where central air conditioning is in operation in order to reach a negative air pressure or isolation room within the facility, the patient shall wear a surgical mask until the destination is reached.

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- iii. Wear the appropriate mask for infectious organism per CDC recommendation such as a standard surgical mask for influenza or a HEPA or other bio-safety mask (N-95) for TB, when working with the patient and in the patient's room.
- iv. Limit movement of the patient from the room to other areas. Place a surgical mask on the patient who must be moved.
- v. Patients requiring airborne precautions shall not be transferred to other facilities without the approval of the Health Care.
- b. Droplet Precautions - prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. As these pathogens do not remain infectious over long distances, special air handling and ventilation are not required to prevent droplet transmission.

Use the following in addition to standard precautions to minimize the risk of droplet transmission:

- i. Separate the patient (a negative air pressure is not required.)
- ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
- iii. Wear a mask and gloves when working with the patient.
- iv. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
- v. Limit movement of the patient from the room to other areas. If the patient must be moved, place a surgical mask on the patient.
- vi. Use disposable utensils, plates and cups.
- vii. Designate equipment for each patient. If this is not possible, equipment shall be disinfected before use by another patient.
- c. Contact Precautions - are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the patient or the patient's environment. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from

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the body suggest an increased potential for extensive environmental contamination and risk of transmission.

Use the following in addition to standard precautions to minimize the risk of contact transmission:

- i. Isolate the patient and limit access.
- ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
- iii. Wear two layers of protective clothing and gloves during direct contact with a patient having infectious body fluids or contaminated items.
- iv. Wash hands after contact with infectious patients or body fluids.
- v. Limit movement of the patient from the isolation room to other areas.
- vi. Designate equipment for the patient. If this is not possible, equipment shall be disinfected before used by another patient.
- vii. If individual toilet, sink and shower are not available for each patient, they shall be disinfected before next use.
- viii. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
- ix. Surfaces shall be disinfected between uses.
- x. If the patient must be moved, a surgical mask shall be placed on the patient, if tolerated.

.9 The medical measures to be taken relative to a possible communicable disease outbreak shall be determined by the Health Care Division. This may include special housing, additional infection control measures, screenings, education and treatment. These measures shall be communicated to the facility administration in written form.

.10 Any communicable disease reportable by law and diagnosed by a provider must be reported to the public health authorities. The provider is responsible for completing any required documentation or telephone reports. The provider shall

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document this notification in the health record and notify the Medical Director or Health Care Division Administrator.

.11 Ectoparasite Control - The following ectoparasite control measures are used to identify and treat affected patients and their clothing and bedding:

- a. Any patient discovered to have skin infestations during intake screening shall be treated at the time of discovery. Subsequent complaints by a patient of skin infestation symptoms shall be seen in sick call. The procedure for care of inmates with skin infestation shall be:
 - i. Record medical findings in the patient's medical record.
 - ii. Issue medication per nursing protocol or as ordered by the provider.
 - iii. No pregnant or potentially pregnant woman shall be treated with Lindane (Kwell). Pregnant women shall use permethrine (NIX) for treatment.
 - iv. The use of Lindane (Kwell) and permethrine (NIX) is contraindicated in persons with open sores and skin rashes.
 - v. The patient shall be instructed on the proper use of medication.
 - vi. Nursing shall call the patients' cell mates to the clinic to receive instructions and supplies for treatment.
- b. Nursing shall issue a memorandum to the housing unit staff to provide the following:
 - i. Allow the patient to shower and apply the medication.
 - ii. Issue the patient a fresh change of linen and clothing.
 - iii. Allow the placement and sealing of all infested clothing and linen in a plastic bag by the patient prior to treatment. The bag shall be properly labeled and delivered to the laundry where the clothing and linen shall be disinfected by normal laundry procedures.
 - iv. At no time shall the infested clothing or linen come into contact with the fresh clothing and linens.

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- v. Patient undergoing treatment for parasites infestation must be free of parasites and medically cleared prior to transfer to another facility.
- .12 A monthly environmental inspection shall be conducted and documented of areas where health services are provided to verify that:
 - a. Equipment is inspected and maintained.
 - b. The unit is clean and sanitary.
 - c. Measures are taken to ensure the unit is occupationally and environmentally safe.
- .13 Occurrences of any communicable disease shall be reported to the Health Care Administration.

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5.0 SCOPE

This policy and procedure applies to all correctional facilities and their personnel.

APPROVAL RECOMMENDED:

Gary David Saldaña, MD OCT 19 2015
Acting Medical Director Date

Wally V. Jr. OCT 19 2015
Health Care Division Administrator Date


ALZ. AUST 10-20-15
Deputy Director for Corrections Date

APPROVED:

Nolan P. Espinoza
Director

October 20, 2015
Date

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	DEPARTMENT OF PUBLIC SAFETY		EFFECTIVE DATE: OCT 20 2015	POLICY NO.: COR.10.1D.02
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		SUPERSEDES (Policy No. & Date): COR.10.1D.02 (12/10/2014)	
	SUBJECT: MEDICATION SERVICES			Page 1 of 8

1.0 PURPOSE

The purpose of this policy is to ensure that medication services are clinically appropriate and provided in a timely, safe and sufficient manner.

2.0 REFERENCES AND DEFINITIONS

1. References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Prisons and Jails, (2014).

2. Definitions

- a. Administer: The provision of a single dose of a medication specifically prescribed for a patient for immediate ingestion or injection.
- b. Deliver: To convey appropriately dispensed and packaged medication to a patient for self-administration. A health professional license is not required to deliver the appropriately dispensed and packaged medication to the patient.
- c. DOT: Direct observed therapy – medications directly administered by the nurse.
- d. KOP: A self-medication program that allows the patient to keep his or her medication on their person and to administer the medication to themselves. A KOP program includes educating the patient regarding the medication and its side effects and monitoring the patient for compliance with KOP rules.

3.0 POLICY

Individuals under the custody of the Department shall be provided medication services in a timely, safe and sufficient manner.

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4.0 PROCEDURES

- .1 Prescription medications are ordered for, administered or delivered to the patient only upon obtaining a prior order from a physician, dentist or other individuals with legal prescriptive authority.
- .2 Over the counter medications (OTC) are administered to patients by nursing staff only under the direction of a nursing protocol or provider order. OTC medications indicated by policy, procedure or protocol, requiring a provider order must have the order obtained, except in the instance of a life threatening emergency, prior to the medication being administered to the patient. Patients may obtain over the counter medications to self-administer directly through the commissary.
- .3 Patients receiving medications through the application of a nursing protocol shall have these medications dispensed by nursing staff with a frequency of no more than three (3) times for each episode of illness. Requests for refills beyond the three (3) refill limit require a provider evaluation.
- .4 Nursing staff may not dispense any OTC medication outside of the guidelines of a nurse protocol. Patients requesting OTC medication outside of nursing protocol guidelines shall be directed to obtain needed medication through the commissary.
- .5 Nursing staff shall not dispense any holistic, home or other remedies that are ingested, applied to the skin, gargled with or otherwise used to treat patient conditions such as teas, lotions, salt, honey, ginger, poultices, etc., without a provider order.
- .6 The Medical Director shall determine prescriptive practices in the facility and they shall be commensurate with current community practice.
- .7 Medications are prescribed only when clinically indicated.
- .8 Initial prescriptions not in response to an acute medical concern shall be ordered through the pharmacy vendor with an anticipated start date of no more than 72 hours. Medications not received within 72 hours will be obtained through the back up pharmacy or stock supply to maintain compliance with this requirement.
- .9 Medications required on an urgent basis such as antibiotics, mental health medication, anticoagulants, HIV medication shall be dispensed from the facility stock medication supply or through the use of the backup pharmacy procedure to avoid missed or delayed doses.

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- .10 Upon completion of the intake health assessment, nursing staff shall attempt to verify all prescription medication the patient claims to be currently taking. Verification can be accomplished through the patient presenting a current prescription, prescription bottle, direct contact with the prescribing physician, or direct contact with the pharmacy the patient states filled the prescription.
- .11 Upon prescription verification, a bridge order shall be obtained from the facility or on call provider to allow the patient to continue on their current medications until examined by a provider and routine medication orders are written.
- .12 Bridge orders shall be limited to a period of two (2) weeks. All patients requiring on-going medication must be seen by a provider within this two (2) week time frame to assess the need for the continuation of the current medication regime.
- .13 The patient's personal medication supply may be used, with a provider order until a facility supply is obtained from the pharmacy under the following guidelines:
 - a. nursing staff can verify the medication using a drug identification program.
 - b. the medication is in its original prescription bottle and not co-mingled with other medications.
 - c. the medication is not available as a stock medication or is otherwise not immediately available from local pharmacies.
 - d. the patient self-administers the medication from their prescription bottle in the presence of the nurse.
 - e. Upon receipt of facility supplied medication, the patient's medication is returned to the patient's property.
- .14 Patients having prescriptions for the acute treatment of a medical condition from an outside provider shall have the need for the medication evaluated by a provider within 4 hours of the patient's return to the facility. Patients having a provider verified acute need for a prescription shall have the medication administered from the stock supply or from a back-up pharmacy to avoid missed doses.
- .15 Medications requiring refills and/or renewal shall be requested by nursing 7 days prior to the end of the medication supply.
- .16 The Corrections Health Care Administrator (CHCA), Medical Director, and Clinical Services Branch Administrator (CSBA) shall develop and implement a "Keep on Person" (KOP) patient self-administration drug program.

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- .17 Medications administered directly by the nurse are designated as "Direct Observation Therapy" (DOT), and patient self-administration is designated as "Keep on Person" (KOP). Medications changing from DOT to KOP or vice versa require a new provider order and the prior order discontinued.
- .18 Medications are administered at a designated pill pass location in the electronic medical record (EMR). Medications dispensed from a pill pass window, or medication cart are designated in the EMR as being dispensed at the pill pass location designation of "None". Medications that are in an injectable form, or administered in the clinic are designated as having a pill pass location in the EMR as "Clinic".
- .19 Patients admitted to the infirmary shall have their keep on person medication reordered as nurse administered (DOT) and the prior prescription shall be stopped. Patients released from the infirmary shall require a new order for their medications to be changed to KOP medications and the previous order must be discontinued. The medication blister pack(s) shall be given to the patient to begin self administration in their housing unit.
- .20 The nurse administering the medication shall review the Medication Administration Record (MAR) for each patient due to receive medication during the scheduled medication pass.
- .21 The medication nurse will verify the following:
 - a. The dosage of the drug is the same on the MAR as it is on the drug package.
 - b. The identity of the patient by looking at ID badge, wristband, and asking the patient to identify themselves. Patients without ID shall not be administered medication.
 - c. The name of the drug is the same on the MAR as it is on the drug package.
 - d. The name of the patient on the MAR is the same as the name of the patient presenting for medication administration.
 - e. The route of the drug's administration is appropriate and matches the MAR.
 - f. The time for the drug administration corresponds to the current timing for passing the medication.
- .22 Medications shall be passed only in a safe environment. A correctional officer must be present and observing the patients during medication pass.

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- .23 Medications shall be dispensed into a drinking cup, NOT into the patient's hand. The nurse shall observe the patient putting the medications into their mouth, fill the drinking cup and observe the patient swallowing the medication. The nurse shall perform a mouth check by requesting the patient to open their mouth and raise their tongue. The cup must be returned to the nurse or disposed of in front of the nurse before the patient leaves the medication area.
- .24 Health Care shall not hold patient medications in the clinic for any purpose except as indicated under #13 above, this includes scheduled drugs. Health Care shall send all medications, including scheduled drugs back to the property room for inclusion with the patient's property. Health Care shall not destroy any medication brought to the facility by the patient.
- .25 The nurse pouring the medications must be the same nurse administering the medications.
- .26 Medications shall be administered to one patient at a time. Only one patient at a time shall be permitted to stand at a pill pass window or medication cart. The remaining patients must be at a minimum of 6 feet away and in an orderly line.
- .27 The nurse administering medications shall log onto the electronic medication record using their unique login information. No nurse shall administer medications using another nurse's login information.
- .28 All scheduled oral drugs, selected psychotropic and other provider designated medications shall be crushed and floated prior to administration. Medications designated as extended release or as non-crushable on its pharmacy label shall not be crushed and shall require the nurse to conduct an oral check for ingestion compliance, after administration.
- .29 One time or stat medication shall be recorded on the MAR with a frequency of Stat AM, Noon, PM, HS and a duration of 1 dose.
- .30 Immunization administration shall be recorded under the immunizations heading on the EMR.
- .31 The nurse administering the medication shall be the same nurse designating the medication as "given" on the MAR.
- .32 Injectable drugs shall have the site of the injection recorded on the MAR detail screen under the "Notes On Current Dose Administration" area.

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- .33 All patients receiving injections must be seated, lying down or leaning over a supportive surface. Injections given in the buttock shall be performed in a private location.
- .34 The maximum volume that is permitted to be injected intramuscularly into a single large muscle such as the buttock is 3cc. Intramuscular injection consisting of larger volumes must be administered in divided doses of no more than 3cc each.
- When administering volumes greater than 1cc a large muscle must be selected such as the Gluteal or quadriceps muscle groups.
- .35 Drugs that are not given at their scheduled time shall be designated as "not given" on the MAR with the corresponding reason for non- administration selected.
- .36 When a medication is placed on hold. The "hold" button shall be selected on the MAR and the reason for the hold shall be selected from the drop down menu.
- .37 The provider shall be notified and the notification documented in the medical record of any situation where:
- a patient refuses a prescribed medication for three consecutive doses,
 - the medication noncompliance occurs at a level of clinical significance,
 - the patient is taking less than 50% of prescribed medication per week regardless of the reason.
- .38 Patients refusing medication shall sign Form DOC 0417, Refusal To Consent to Medical/Surgical/Dental Treatment/Medication. If the patient refuses to sign the refusal form, two (2) nurses will document the patient's refusal on Form DOC 0417. The form is filed in the medical record.
- .39 Patients refusing medication shall continue to have the drugs offered at their scheduled administration time until such time as the drug is discontinued or changed by the provider.
- .40 All injectable medication, whether requiring reconstituted or not, that is administered from a multi-dose vial shall be dated with the expiration date when opened in the following manner, exp 1/12/15 followed by the initials of the nurse opening the medication. All multi-dose medication shall be considered expired and discarded twenty eight (28) days from the date of opening the medication or by its manufacture's expiration date, whichever occurs sooner.

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- .41 Nitroglycerin (NTG) tabs are good until the expiration date on the bottle, if unopened. After opening the bottle, it is good for six (6) months. All opened bottles of NTG must be dated out six (6) months from the date of opening on the drug label. The date must clearly be identified as the expiration date as follows exp. 1/2/15 followed by the initials of the nurse dating the bottle.
- .42 Medications ordered as self administered drugs **shall be recorded on a MAR as KOP medications.** The date the medication supply is issued to the patient is recorded on appropriate date on the MAR to allow tracking of the medication dispense date.
- .43 Patients receiving self-administered medications **shall be given no more than one blister pack of a specified medication at a time.** No patient shall be given more than thirty (30) day supply of any one medication in a blister pack.
- .44 Patients having multiple blister packs as part of their one-month supply of a specific medication shall be given one blister pack at a time. No patient shall receive or be in possession of multiple blister packs of the same medication.
- .45 Additional blister packs shall be stored in a locked cabinet, cart or medication room.
- .46 The patient shall present a blister pack, with no more than one (1) week's supply of the medication remaining, to the nurse when requesting a refill. The nurse shall dispense/order a refill or obtain a renewal order from the provider for the medication, when appropriate.
- .47 Stock prescription medications can be nurse administered to patients for short term treatment (14 days) with a verbal provider order. Stock medications shall be given to the patient as KOP only if a physician personally writes the patient's name and administration instructions on the blister pack and gives it to the patient.
- .48 Nursing staff shall not provide stock prescription medication blister packs to patients for KOP administration.
- .49 Nurse administered stock medication may be used for patients undergoing medication and/or medication dosage adjustment until the medication or dose is stabilized at which time the medication shall be ordered in the patient's name.

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.50 Scheduled drugs and sharps shall be counted at the beginning of each shift by one nurse coming onto the shift and one nurse leaving. Both nurses shall sign the count log indicating the completion of the count. Facilities with no on-coming shift shall count at the beginning and the end of the day.

.51 Counts that indicate a missing medication or sharp shall result in efforts to locate the missing item. Failure to locate the missing item shall result in the nurses performing the count notification of security via a written incident report outlining the specific item missing, when it was noticed as missing and the efforts undertaken to locate said item. This report shall be completed and distributed prior to the nurses who identified the issue leave for the day. A copy of the incident report shall be sent to the Clinical Services Branch Administrator (CSBA) and the Chief of Security or Watch Commander within one (1) hour of the identifying the missing item.

5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

RECOMMEND APPROVAL:

acting
G. David Saldaña, MD 10/6/15
 Medical Director Date
W. J. J. 10/6/15
 Health Care Division Administrator Date
A. N. A. 10-07-15
 Deputy Director for Corrections Date

APPROVED:

Adan P. Espula 10/20/15
 Director

OCT 20 2015

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STATE OF HAWAII

DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: _____ SID: _____ DOB: _____

FACILITY: _____ DATE: _____ TIME: _____

I, the undersigned patient, refuse the following treatment and/or medication: _____

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility administration and personnel, the Health Care Division administration and medical personnel from any responsibility or liability for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(Signature of Patient)

(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health and I witness the patient's refusal of the recommended treatment or medication

(Print Name)

(Signature & Title)

(Date)

A referral has been made to a provider: YES NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)


** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: OCT 20 2015	POLICY NO.: COR.10.1D.03
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10D.03 (5/176/06)	
	SUBJECT: CLINIC SPACE, EQUIPMENT, AND SUPPLIES		Page 1 of 4

1.0 PURPOSE

To ensure that sufficient and suitable space, equipment, and supplies are available for a correctional facility's medical, dental, mental health and health information services

2.0 REFERENCES

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014).

3.0 POLICY

Each correctional facility shall have sufficient suitable space, equipment, supplies, and materials for examination and treatment depending upon the level of care provided in the facility and the kinds of services provided on site.

4.0 PROCEDURES

- .1 Examination and treatment rooms for medical, dental, and mental health care shall be large enough to accommodate the necessary equipment and fixtures, and to permit privacy during patient encounters.
- .2 Pharmaceuticals, medical supplies, and mobile emergency equipment (e.g., defibrillator and oxygen) are available and checked regularly.
- .3 There is adequate office space with administrative files, secure storage of health records and writing desks.
- .4 Private interviewing space, desk(s), chairs, testing material and lockable file space are available for the provision of mental health services.
- .5 If laboratory, radiological, inpatient, or specialty services are provided on site, the area(s) devoted to any of these services is appropriately constructed and sufficiently large to hold equipment and records and for the provision of the services themselves.

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- .6 When patients go to the clinic for an appointment and are placed in a waiting area for more than a brief period of time, the waiting area should have seats and the inmates shall have access to drinking water and toilets if needed.
- .7 Health Care Sections shall have basic equipment, supplies, and materials that generally include:
 - a. Hand washing facilities (or appropriate alternate means of hand sanitation),
 - b. Examination table, stool(s), light(s) capable of providing direct illumination (e.g. goose neck lamp), scale(s), thermometer(s), blood pressure cuff(s), stethoscope, ophthalmoscope and otoscope; oxygen, automatic external defibrillator
 - c. Sterilizer, transportation equipment (e.g., wheelchair and stretcher)
 - d. Equipment and tools for pelvic examination, facility houses female inmates
 - e. Trash containers for biohazard materials and disposable containers for sharps.
- .8 A shift inventory count must be performed on any opened sharps items (not stored in sealed boxes/container) in the clinic that may be subject to abuse (syringes, needles, pill cutters, scissors and sharp instruments.) A monthly inventory shall be maintained on all sharps and medical instruments. A decreasing system for use of these supplies must be utilized that includes recording deposits and withdrawals.
- .9 Annual inventories shall be maintained by the CSA for equipment and supplies.
- .10 Suitable reference books, periodicals, audio and videotapes and on line computer resources shall be available to all health staff if budget allows. References shall include current medical, nursing, mental health, dental and health information sources. A medical dictionary, a Physician Desk Reference (PDR) and the Diagnostic and Statistical Manual of Mental Disorders are required.
- .11 Basic equipment required for on-site dental examinations includes, at a minimum:

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- a. Hand-washing facilities or appropriate alternate means of hand sanitization
- b. Dental examination chair
- c. Examination light
- d. Sterilizer
- e. Instruments
- f. Trash containers for biohazardous waste and sharps
- g. Dentist's stool

.12 The presence of a dental operatory requires the addition of at least:

- a. An X-ray unit with developing capability
- b. Blood pressure monitoring equipment
- c. Oxygen

5.0 SCOPE

This policy and procedures applies to all correctional Clinical Sections and their assigned personnel.


APPROVAL RECOMMENDED:

acting G. David Saldaña, MD 10/6/15
 Medical Director Date
[Signature] 10/6/15
 Health Care Division Administrator Date
[Signature] 10-07-15
 Deputy Director for Corrections Date

APPROVED:

[Signature]
 Director
OCT 20 2015
 Date

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	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: 10/09/07	POLICY NO.: COR.10.1E.08
		SUPERSEDES (Policy No. & Date): COR.10D.14 (02/06/01)	
	SUBJECT: EMERGENCY SERVICES		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to establish standards that ensure emergency services are available for staff and inmates twenty-four (24) hours a day at the correctional facilities.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes: 26-14.6, Department of Public Safety; and 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2003).
- c. Department of Public Safety, Corrections Policy and Procedures Manual, COR.10.1A.10, Procedure in the Event of an Inmate Death; COR.10.1A.07, Emergency Response Plan.

.2 Definitions

- a. Emergency: Medical, mental health or dental care for an acute illness that is imminently life-threatening or an unexpected health need that requires immediate medical attention that cannot be deferred to clinic or the next scheduled sick call.
- b. First Aid: The care for a condition that requires immediate assistance from a trained person.
- c. Automated External Defibrillator (AED): An electronic device that interprets cardiac rhythms and, if appropriate, delivers an electrical shock to the patient's heart to establish a rhythm.

3.0 POLICY

- .1 Emergency medical evacuations shall be available twenty-four (24) hours a day at all correctional facilities. Emergency care shall be provided, as available and appropriate, by the physician, the nurse or other correctional employees trained in

COR P & PM	SUBJECT: EMERGENCY SERVICES	POLICY NO.: COR.10.1E.08
		EFFECTIVE DATE: 10/09/07
		Page 2 of 4

CPR/First Aid, paramedic transport staff and emergency room staff of local community hospitals.

- .2 Each facility shall have clearly defined procedures for prompt emergency transport of a patient; access to emergency medical vehicles, access and use of one or more hospital emergency departments or other appropriate facilities; on-call physician services, security procedures for the immediate evacuation or transfer of patients for emergency medical care; and a written notification process to the facility Administrator and the Correctional Health Care Administrator. Emergency evacuation procedures shall be routinely rehearsed annually as required by COR.10.1A.07 "Emergency Response Plan."

4.0 PROCEDURES

- .1 To ensure prompt handling of medical emergencies medical staff, off site work line supervisors and correctional officers shall be appropriately trained. Training shall be coordinated by Training and Staff Development and the Health Care Division. The frequency of the training shall be every other year unless otherwise recommended by the National Commission on Correctional Health Standards for Jails and Prisons or the American Heart Association standards. The training shall include the following:
 - a. Recognition of medical emergency signs and symptoms;
 - b. Administration of emergency first aid and basic cardiopulmonary Resuscitation (CPR);
 - c. Knowledge in the use of and the designated locations of First Aid Kits;
 - d. Knowledge in the use of and the designated locations of the AED machine.
 - e. Methods of obtaining emergency assistance and care;
 - f. Methods for emergency movement from the facility to definitive care.
- .2 When Health Care Staff are available on site during a medical emergency, the medical Unit shall be contacted and the patient shall be transported to the medical unit without delay. In the event that the patient cannot be safely transported to the medical unit, Health Care staff shall respond to the site of the emergency with the AED and the emergency response kit.

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- .3 The authority to request immediate emergency transportation (911) shall rest with the physician or nurse responding to the emergency. If health care staff are not on duty during a serious emergency, the authority to request immediate emergency transportation shall rest with the Watch Commander.
- .4 When responding to an emergency, staff shall secure the scene, call for assistance and render aid until relieved by health care staff or paramedic transport staff. Facility medical and correctional staff shall yield and accept direction from the responding paramedical transport team. The evacuation shall be coordinated with the Watch Commanded. The facility administrator, the on-call physician and the Corrections Health Care Administrator shall be notified about the emergency evacuation as soon as possible.
- .6 In the event of a serious medical emergency or imminent death, the inmates' next-of-kin shall be notified according to COR.10.1A.10, "Procedure in the Event of an Inmate Death."
- .7 The Correctional Officer or the work line supervisor shall follow CPR/First Aid procedures when managing serious medical emergencies that occur outside of the correctional facility (notify the facility for back up assistance, secure the scene, call 911 and render aid until relieved by the paramedics). Urgent or non-emergent conditions shall be transported back to the facility. As soon as possible, Central Control and the facilities medical unit shall be notified by the transporting ACO of the incoming emergency.
- .8 Telephone numbers of the on-call-physician shall be available in the Central Control Station and other areas of the facility in order that staff can seek advice on medical conditions not requiring immediate evacuation.
- .9 All medical equipment, supplies, and materials for emergency response services shall be routinely inspected by health care staff as outlined in the facility policy or Clinical Services Branch Operating Procedures. Equipment and supplies shall be properly maintained and readily available in a designated area. A log shall be kept of inspections and maintenance. The logs shall be kept until the next audit by the National Commission on Correctional Health Care (approximately 2 years). A facility policy shall outline the location, maintenance and inspections of facility first aid kits.

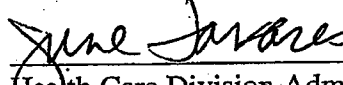
COR P & PM	SUBJECT: EMERGENCY SERVICES	POLICY NO.: COR.10.1E.08
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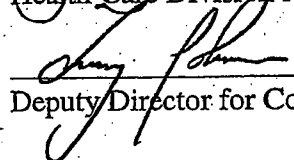
5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

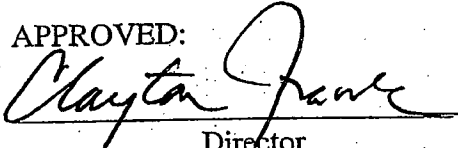
APPROVAL RECOMMENDED:



10/8/07
Medical Director Date


10/08/07
Health Care Division Administrator Date


10/9/07
Deputy Director for Corrections Date

APPROVED:


Director
10/09/07
Date

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		EFFECTIVE DATE: SEP 18 2009	POLICY NO.: COR.10.1F.07
			SUPERSEDES (Policy No. & Date): COR.10C.03 (07/25/2000)	
	SUBJECT: AUTOMATIC EXTERNAL DEFIBRILLATORS			Page 1 of 5

1.0 PURPOSE

To establish guidelines for the use of Automatic External Defibrillators (AEDs) in the correctional facilities.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. American Heart Association (5/29/2008) AED Program
www.americanheart.org

.2 Definitions

- a. Automatic External Defibrillator (AED): A portable computerized automatic device that analyzes heart rhythms, recognizes a rhythm requiring a shock, advises the rescuer when a shock is needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps to take.
- b. Cardiopulmonary Resuscitation (CPR): The process of ventilating and circulating blood for a patient in cardiopulmonary arrest, usually by combining mouth to mouth ventilation with external chest compressions, with the goal of providing oxygen to vital organs until appropriate medical care can be obtained.
- c. Standard Precautions: Guidelines recommended by the Centers for Disease Control and Prevention to reduce the risk of the spread of infection. The guidelines include hand washing, the use of personal protective devices such as gloves, masks, gowns, and eyewear when contact with body fluids.
- d. Emergency Medical Service System (EMS): A system of emergency services including a centralized emergency number (911) for public access, rescue operations, ambulance transportation, emergency department services and public education that may be required as a result of an acute injury or illness.

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		EFFECTIVE DATE: SEP 18 2009
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3.0 POLICY

- .1 All correctional facilities shall have an AED available on the premises and its location shall known to all health care and security staff.
- .2 The Health Care Medical Director shall provide medical oversight to assure quality control.
- .3 The Health Care Division Administrator shall approve and oversee authorized training staff and shall ensure that the training program is medically sound and educationally effective
- .4 All Hawaii state correctional facilities shall provide initial and periodic training in the use of AEDs to all health care staff and Adult Correctional Officers (ACOs) in conjunction with CPR training.

4.0 PROCEDURE

- .1 Assessment/Treatment.
 - a. Standard precautions shall be followed including the use of personal protective devices such as gloves and one-way valve facemasks during the performance of CPR. These devises are available in all first aide kits.
 - b. First responders shall:
 1. Secure the area
 2. Check for unresponsiveness, the absence of breathing and no pulse to determine actual cardiopulmonary arrest. [ABCs (A) airway, (B) breathing and (C) circulation]
 3. Call 911 and on-duty health staff
 4. In the presence cardiopulmonary arrest initiate CPR until the AED can be attached. Use of the AED takes precedence over the performance of CPR. Compressions may be stopped to apply the AED patches while continuing rescue breathing when possible.
 5. Turn on the AED and press the analyze button.

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		EFFECTIVE DATE: SEP 18 2009
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6. The AED will direct the responders as to whether a shockable heart rhythm exists.
 7. In the event of a shockable rhythm the AED will automatically determine the charge level and charge the machine. Verbal instructions will be given by the AED indicating the presence of a shockable rhythm, that the machine is charging, and direction to all clear. Indicating that a shock situation is imminent. Instructions will be given by the AED to press the shock button.
 8. The responder only presses the shock button after he or she determines that everyone is cleared away from the patient and it is safe to proceed. After the shock is administered the AED will analyze the any subsequent heart rhythm and give instructions.
 9. In the event of the AED determining no shockable rhythm exists responders are instructed verbally by the AED to continue CPR. The analyze button on the AED shall be pressed at intervals of approximately every two minutes by a responder to allow the AED to determine if cardiac rhythm as been restored or a shockable rhythm exists.
- c. AED shall only be used on an unresponsive person with no spontaneous breathing and no pulse.
 - d. Use of the AED is contraindicated under the following circumstances:
 1. Conscience person
 2. Person has a pulse but is not spontaneously breathing
 3. Person is under 65 lbs or less than 8 years of age
 - e. Upon arrival, EMS shall have control over the scene
 1. AED responders shall a give a quick report to the EMS team of what is known about the situation
 2. AED responders shall assist the EMS team with additional shocks and rhythm monitoring, if needed.

	SUBJECT: AUTOMATIC EXTERNAL DEFIBRILLATORS	POLICY NO.: COR.10.1F.07
		EFFECTIVE DATE: SEP 18 2009
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.2 Locations of AEDs

- a. The location of the AED in facilities with 24-hour medical coverage shall be in the Health Care Section.
- b. The location of the AED in facilities without 24-hour medical coverage shall be approved by facility administrators and known to all Adult Correctional Officers.

.3 AED Maintenance

- a. Health Care staff shall conduct daily battery status checks and document these checks on an emergency equipment log for current model AEDs issued through the Health Care Division. Problems and corrective measures shall also be logged.
- b. Whenever a status check identifies a problem, the person conducting the daily check shall be responsible for correcting the problem, if possible, or seeing that the problem is corrected as soon as possible. Anytime an AED device is found to be non-functioning, it is to be pulled from the work area, serviced and/or repaired.
 - 1. In the event an AED is not available due to servicing concerns staff shall activate the EMS system by calling 911 and performing CPR until relieved by health care staff and/or EMS.
- c. Older model AED machines retained by the facility shall be checked daily and maintained by non-healthcare facility personnel.

.4 AED Training

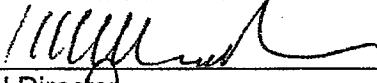
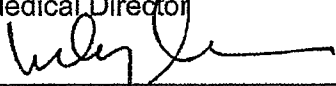
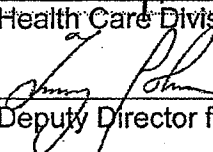
- a. All security staff shall receive initial training on the use of the AED in conjunction with CPR training during Basic Corrections Training. Refresher training shall occur with CPR re-certification courses.
- b. Health care staff is required to have current CPR/AED training upon hire and refresher training shall occur with CPR re-certification.
- c. AED training and certification shall be conducted in accordance with the standards of a nationally recognized organization and shall include AED-specific operational procedures.

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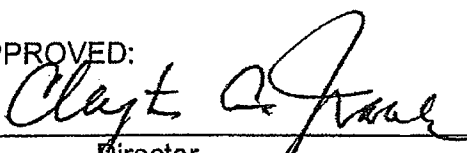
5. SCOPE


This policy and procedure applies to all branch facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	7/17/09
Medical Director	Date
	7/15/09
Health Care Division Administrator	Date
	9/16/09
Deputy Director for Corrections	Date

APPROVED:


Director
9/18/09
Date

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE:	POLICY NO.:
		JUL 01 2010	COR.08.27
	SUBJECT:		SUPERSEDES (Policy No. & Date):
TOOL/EQUIPMENT CONTROL		COR.08.27 & 07/01/93	
			Page 1 of 11

1.0 PURPOSE

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To establish an effective control plan to ensure that all tools, culinary, and medical equipment stored and used within facilities are used in a safe, economical, and secure manner; to provide necessary correctional supervision over tools and equipment; and to establish accountability for issue, storage, receipt, and disposal of tools.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. American Correctional Association (ACA), Standards for Correctional Institutions, 4th Ed, July 2003, 4-4196
- b. ACA, Performance-Based Standards for Adult Local Detention Facilities, 4th Ed. June 2004, 4-ALDF-2D-02
- c. ACA, Guidelines for the Development of a Security Program, 3rd Ed., 2007.

.2 Definitions

- a. Class A or Hazardous Tools: Tools that can be used in effecting escape, causing death or serious injury (for examples, see 4.1.a. below), or can be modified for use as a dangerous weapon.
- b. Class B Tools: Any tools that are not classified as Class A or Class C tools (for examples, see 4.1.b. below).
- c. Class C Tools: Tools or implements, which are exempt from the provisions of this policy (for examples, see 4.1.c. below).
- d. Shadow Board: A peg board or board with hooks on which is painted the image of each tool. Only one tool shall be kept on each shadow and the image shall be identical in size and shape to the tool.
- e. Tool Control Officer: The supervisor in charge of any given work area is understood to be the tool control officer for that area. Facility Wardens shall designate a person to be the facility Tool Control Officer, responsible for the overall control and inventory of all tools belonging to the facility.

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		EFFECTIVE DATE: JUL 01 2010
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3.0 POLICY

- .1 Each facility shall establish a tool and equipment control system, guided by this policy and other resources, which will ensure that all tools, knives, and equipment within the facility are utilized in a safe and secure manner. The primary features of the system shall be:
 - a. Establishment of correctional supervision over all inmate use of tools, knives, and equipment.
 - b. Establishment of accountability and responsibility for the issue, receipt, and disposal of all tools, knives, and equipment.
- .2 The person designated as the facility Tool Control Officer shall be responsible for the inventory, marking/identifying, storage, security, and accountability of all tools belonging to the facility.
- .3 The supervisor of each section, unit, or work line that has tools, knives, or equipment, whether used by inmates or employees, shall be responsible for their proper use and control.
 - a. These supervisors shall ensure that proper procedures for the use and control of tools, knives, and equipment are developed, implemented, and enforced.
 - b. Section Administrators shall assure that all supervisors within their section carry out their responsibilities for the proper use and control of all tools, knives, and equipment.
- .4 Instructions, procedures, and regulations as set forth in this policy are not totally encompassing of all situations that may arise. If a supervisor has a question concerning tools, he/she shall immediately contact the facility Tool Control Officer for instructions and clarification.
- .5 Several fundamental principles for the control of tools, knives, and equipment shall be followed throughout the Department:
 - a. A chit system shall be established so that all tools issued, whether to staff or inmates, may be accounted for.
 - b. Inmates shall not be allowed to possess or to use tools inside buildings or security areas unless properly supervised.

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- c. Tools, which are allocated to a particular section or location, shall be specifically marked in order to assign proper responsibility.
- d. In order to prevent loss and misuse, kitchen knives shall be kept on shadow boards and shall be checked as carefully as tools.

4.0 PROCEDURES

.1 Tool Classification

It is difficult to classify every specific tool that is in use in a facility. The Institutions Facilities Superintendent and the Chief of Security, in consultation with the facility Tool Control Officer, shall determine the classification of tools according to the following categories:

- a. Class A tools—Extremely Hazardous
 - 1) Ladders, scaffolds
 - 2) Hydraulic jacks, or any tool that could spread cell doors apart
 - 3) Saw blades—band saw, hacksaw, coping saw, saber saw, etc.
 - 4) Tubing, pipe and conduit benders, pipe and other large wrenches, etc.
 - 5) Metal cutting equipment—propane torches, acetylene torches, electric welding machines, cutting tips, blowtorches, etc., plus welding rods
 - 6) Bolt cutters, pipe cutters, wire cutters, etc.
 - 7) Files and rasps
 - 8) Hones, sharpening steels, and other sharpening stock
 - 9) Axes, hatchets, cane knives, machetes, bolo knives, etc.
 - 10) Ice picks, chisels, knives (utility, boning, butcher, etc.)
 - 11) Explosive driven tools (e.g., Ramsets) and Ammunition
 - 12) Gear pullers, block and tackle, or any wire/cable/rope pull system
 - 13) Electric drills, diamond tipped bits
 - 14) Electric bench and portable grinders
 - 15) Secretary-type (sharp-point) scissors
 - 16) Screwdrivers (all types)
 - 17) Hammers (all types)
 - 18) Other tools that can be used by inmates either in effecting an escape, or to cause death or serious injury. If in doubt, consider the tool to be in this category.

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b. Class B tools—Hazardous

- 1) Picks, shovels
- 2) Metal stock
- 3) Clippers, scissors
- 4) Pneumatic staple guns
- 5) Small wrenches, pliers
- 6) Chains, ropes, cordage, and wire/cable

c. Class C tools are such as the following:

- 1) Pens and pencils
- 2) Calculators
- 3) Computers
- 4) Stethoscopes
- 5) Books, notebooks
- 6) Tape measures
- 7) Cassette recorders
- 8) Typewriters

.2 Each work area or shop supervisor shall be responsible for the following:

- a. Checking out tools to inmates and checking the condition of each tool issued; and, if tools are checked out from a central tool room, to supervise the issuance to assure that only the tools needed for the job(s) are issued and received;
- b. Making sure that the inmate knows how to use each tool issued;
- c. Ensuring that the inmate has been instructed in any safety procedures required for the use of each tool issued; this includes any machinery the inmate may be assigned to operate such as a dough mixer, laundry equipment, lathes, presses, etc.;
- d. Inspecting each tool as the inmate returns it at the end of the work period, or when the job is completed, if sooner;
- e. Ensuring that all procedures in this policy and procedure statement are carried out as applicable to their unit and for developing (additional) working procedures that may be required in their particular situation.

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		EFFECTIVE DATE: JUL 01 2010
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.3 Tools and portable equipment in each work location shall be marked with an identification symbol, identifying the section, unit, or shop.

- a. Wherever physically possible, identification shall be carried out as indicated in 1 and 2 below:
 - 1) By a color-coding system designating a color for each area and coloring a portion of each tool or piece of equipment accordingly in such a manner as to provide ready identification.
 - 2) By engraving the unit name and the identification code authorized by the Tool Control Officer (State ID number).
- b. Tools, which cannot be coded without damage, shall be kept in locked storage when not in use. They must be checked and accounted for frequently by a designated employee.
- c. All new tools and equipment shall be marked and placed on the inventory list before being issued.

.4 Tool Inventories

- a. Quota of Tools: The Chief of Security, Institutions Facilities Superintendent, Tool Control Officer, and section, unit, and/or work line supervisors shall establish tool quotas for each tool storage area within the facility.
- b. The supervisor of each work- station or shop area shall be responsible for maintaining an accurate, complete, and up-to-date inventory of all tools and equipment, and the location of each item, using Tool/Equipment Inventory form PSD 8239 (Attachment A) or an equivalent authorized by the Section Administrator.
- c. Ladders and scaffolds shall be inventoried by both number and size.
- d. All inventories shall be signed by the responsible employee.
- e. Copies of these inventories shall be maintained at the work and/or tool storage area, with the Tool Control Officer, and with the Chief of Security.

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- 1) Inventories of tools in use shall be posted conspicuously on shadow boards, other storage areas, toolboxes, and inmate tool kits. This will include tool kits in all vehicles.
 - 2) Inventories shall be maintained for all tools in storage in each work area by the responsible employee.
- f. Employees shall maintain only required tools, and, with periodic checks, determine if any tool is in excess of need. All tools in excess of daily/normal needs should be transferred from the tool inventory to the Tool Control Officer who will store the tool in a safe and secure area prior to disposal, reassignment, or storage in the central tool crib.
- g. The Tool Control Officer shall receive all (new) tools from any source, mark them in accordance with 3.a above, and add them to the inventory prior to issue.
- 1) No tools shall be procured or delivered to the job site without approval of the Tool Control Officer.
 - 2) A Tool Receiving Report form PSD 8257 (Attachment B) is required for all tools received by the facility.
 - a) The original of the Tool Receiving Report form shall be forwarded to the Chief of Security, one copy retained by the Tool Control Officer, and one copy forwarded to the work area supervisor in whose area the tool will be used.
 - b) The Tool Receiving Report shall be filed in each area and destroyed when the tool is eliminated from the inventory.
- h. When new tools and/or replacements and additions are drawn for replacement, the old tool must be turned in to the Tool Control Officer for disposition.
- 1) The turned in tool shall be receipted on Tool Turn-In Receipt form PSD 8258(Attachment C), and the form distributed as indicated.
 - 2) The appropriate notation shall be made to the inventory list(s).

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3) Tools shall be disposed of by placement in a proper refuse container not available to inmates, for subsequent transport to a city or county refuse collection area.

- i. Supervisors shall conduct a complete check of all tools and knives assigned to their area before beginning work shifts and before being relieved, to ensure that all items are accounted for.
- j. A weekly physical inventory of all Class A (restricted) tools shall be conducted and turned in to the Tool Control Officer (through channels) along with a certification that all such tools are accounted for (Attachment D).
- k. Monthly, a tool audit shall be conducted by each responsible supervisor and forwarded through channels to the Tool Control Officer on the last working day of each month, together with a certificate of accuracy (Attachment E). The Tool Control Officer shall review all audits and compile a synopsis of them together with comments and suggestions for improvements, which shall be forwarded, to the facility Warden and the Chief of Security.

.5 Control/Storage

a. Shadow Boards

- 1) All adaptable tools in a work or shop area shall be stored on a shadow board.
- 2) Whenever possible, the shadow board shall be secured from tampering and secured by a locking device when not in use.
- 3) Whenever a tool is removed from the inventory, the corresponding shadow shall immediately be removed from the board.

b. Tools not adaptable to the shadow board shall be stored in a lockable drawer, cabinet, toolbox, or other secure area.

- 1) Class A tools shall be kept in a locked room or within a heavy wire cage, which can be secured.

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- 2) Small items, e.g., saw blades, knives, files, whether adaptable to the shadow board or not, shall be stored as if they were not adaptable and in accordance with paragraphs 4.5.b. above.
 - a) Employees checking out saw blades are to return them before going off duty.
 - b) All blades shall be etched with identifying marks on each side. Staff shall strictly supervise inmate use at all times.
- 3) Electric grinders, wheels, drills, etc.,
 - a) if lockable, shall be locked inoperable when not in use;
 - b) if provided with a lockable box or carrying case, they will be locked in it;
 - c) and/or they shall be otherwise stored under lock and key when not in use.
 - d) The electrical power for fixed grinders shall be cut off by a locked switch, or at the master switch box.
- c. All ladders and scaffolds
 - 1) must be maintained in the proper storage area under lock and key, or chained and locked down, when not in use.
 - a) If it is necessary to leave a scaffold at a site overnight, it shall be placed in an area, which offers adequate security or minimizes the use for escape.
 - b) To prevent the scaffold from being easily freed, the chain should encompass more than one rung.
 - c) When not in use, all scaffolding shall be broken down before storing.
 - 2) Each supervisor who used ladders and scaffolds shall establish working procedures for their use.
 - 3) All inmates using a ladder or scaffold will be supervised at all times.

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4) As ladders and scaffolds are turned in, they shall be checked for missing parts.

d. Ramset Guns and Ammunition

- 1) Any explosive actuated tool used in the facility shall be secured at all times and shall be used by personnel authorized by the Institutions Facilities Superintendent or equivalent only.
- 2) Ammunition for such tools shall be stored in a secure area separately from the tools.

e. Acetylene Cutting Torches, Propane, Butane, and Blow Torches.

- 1) All tips for these torches shall be removed from the source of fuel and tips and fuel shall be stored in separate secured storage locations when not in use.
- 2) This equipment shall be used only under the direct supervision of a qualified staff member.

f. Ropes, Cables, and Cords

- 1) All ropes, cables, and cords shall be safely stored and inventoried daily.
- 2) They shall be transported and used only under the direct supervisor of an employee.

.6 Issue

- a. Whenever a tool is used from a shadow board, an appropriate chit/receipt shall be placed on its shadow showing who is in possession of the tool.
- b. Chits shall be kept in the tool room under control of staff at all times.
- c. All Class A tools shall be issued only to an employee. Any inmate using a Class A tool must be under the supervision of a qualified employee at all times.

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- d. Class B and Class C tools may be used by an inmate under intermittent supervision but shall be accounted for at the end of each work period.
- e. Each location issuing tools, knives, and other equipment shall establish a log in which tools are signed in and out; which shall be signed off by the appropriate supervisor.
- f. Whenever tools are to be moved outside the shop or workstation, a material pass form PSD 8242 (Attachment F) shall be made out by the responsible supervisor. It shall be carefully checked out upon issuance, as tools pass through any gate(s)/control station(s), and upon return, staff shall ensure that all items are accounted for.

.7 Lost Tools

- a. Any tool, knife, or item of equipment noted as lost or misplaced shall be immediately reported to Security, and then to the Tool Control Officer.
- b. If the Tool Control Officer is not available, the Chief of Security or Watch Commander shall be notified.
- c. All inmates who may have had access to the missing item shall be held at the work location until a thorough search has been made.
- d. A Lost Tool Report form PSD 8259 (Attachment G) shall be filled out, identifying the lost or misplaced tool(s), the circumstances surrounding the absence, and listing the steps taken, prior to the end of the working day such absence was discovered. Copies shall be submitted to the Institutions Facilities Superintendent, Watch Commander, and the Chief of Security.
- e. If misconduct appears to have occurred, an Incident Report form PSD 8214 (Attachment H) shall be filed, in addition to the Lost Tool Report.

.8 Tools Under Repair

When tools are removed for repair, the tool inventory shall be adjusted accordingly indicating the tool is out for repair.

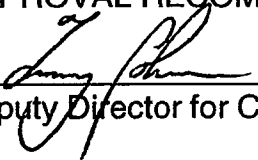
CONFIDENTIAL

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5.0 **SCOPE**

This policy applies to all correctional facilities.

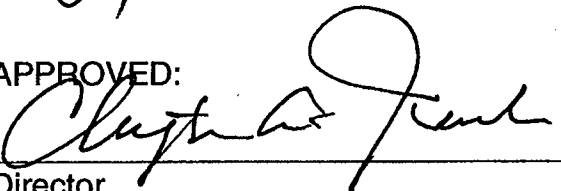
APPROVAL RECOMMENDED:


Deputy Director for Corrections

JUL 01 2010

Date

APPROVED:


Director

7/1/10

Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

TOOL / EQUIPMENT INVENTORY

ASSIGNED QUANTITY	CURRENT QUANTITY	DESCRIPTION	REMARKS

SHOP / LOCATION: _____ **DATE:** _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

TOOL / EQUIPMENT RECEIVING REPORT

TO: Chief of Security

FROM: Tool Control Officer

On _____, a _____
(Date) (Name and Number of Tools)

for _____, was received at the Institution.
(Section/Unit)

The classification for this tool is _____.

This tool was etched and/or color coded to conform to Policy Statement.

Signature: _____
(Tool Control Officer)

cc: Tool Control Officer
Work Area Supervisor for whom the tool was purchased.

State of Hawaii
Department of Public Safety

MEMORANDUM

To: _____ Date: _____

From: _____ Reply Due: _____

Subject: Restricted Tool/Weekly Inventory

This is to certify that all restricted tools assigned to the _____
Shop have been physically inventoried and accounted for on this date.

Supervisor

Date

Additional remarks: _____

State of Hawaii
Department of Public Safety

MEMORANDUM

To: _____ Date: _____

From: _____ Reply Due: _____

Subject: Restricted Tool/Equipment Inventory

This is to certify that all tools/equipment itemized on the attached
Tool/Equipment Inventory Forms have been physically inventoried and
accounted for on this date.

Supervisor

Date

Additional remarks: _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

LOST TOOL / EQUIPMENT REPORT

To: Chief of Security

Date: _____

FROM: Name: _____

Title: _____

Section/Unit: _____

The tool(s) listed below have been lost/stolen from this work site on this

date: _____.

<u>DESCRIPTION OF TOOL(S)</u>	<u>NUMBER MISSING</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Circumstances surrounding this loss are as described below:

Cc: Tool Control Officer
Watch Supervisor
Work Area Supervisor

